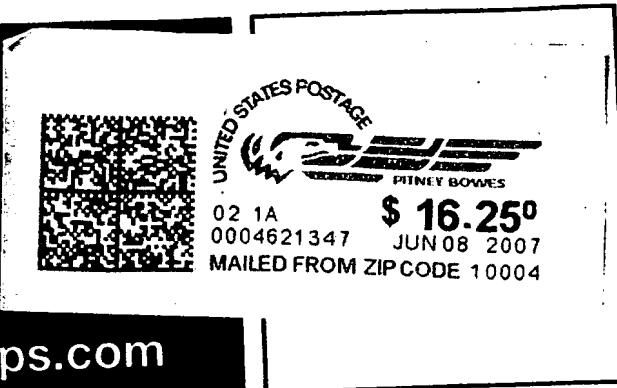


**ESS**

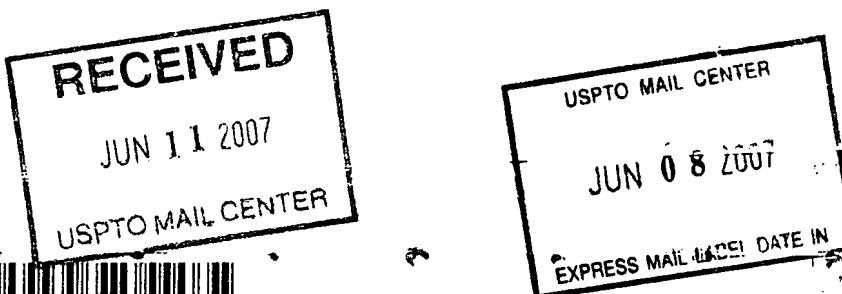
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Please Rush To Addressee

FOR PICKUP OR TRACKING CALL 1-800-222-1811



EM 00763198705

**Addressee Copy**  
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery	Postage	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	\$	Mo.      Day		Employee Signature
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo.      Day      Year	Month      Day	\$	Mo.      Day		Employee Signature
Time Accepted	Scheduled Time of Delivery	COD Fee	Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	Mo.      Day		Employee Signature
Flat Rate <input type="checkbox"/> or Weight	Military	Total Postage & Fees			
Ibs.      ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$			
CUSTOMER USE ONLY		Int'l Alpha Country Code	Acceptance Emp. Initials		
<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Mail Only)</b> Additional merchandise insurance is valid if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery. <b>NO DELIVERY</b> <input type="checkbox"/> Weekdays <input type="checkbox"/> Holidays <input type="checkbox"/> Customer Signature					

FROM: (PLEASE PRINT)	PHONE ( )
<p> </p> <p> </p> <p> </p>	

TO: (PLEASE PRINT)	PHONE ( )
<p> </p> <p> </p> <p> </p>	